

# Community Board Orientation

The Research Foundation and Process

Participant's Guide

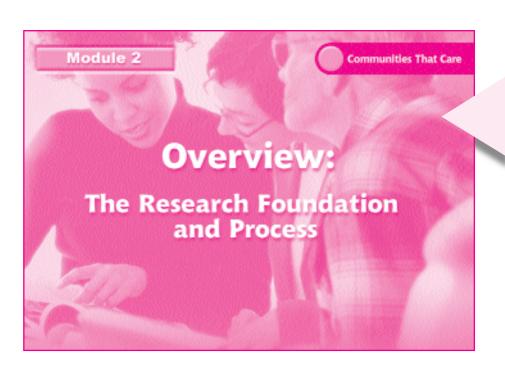
| <b>Module 2 Table of Contents</b>             | Page |
|---|------|
| Module 2                                      | 2—5  |
| Phase Two: Organizing, Introducing, Involving | 2—6  |
| Module 2 goal                                 | 2—7  |
| Objectives                                    | 2—8  |
| The Communities That Care system              | 2—9  |
| The research foundation                       | 2—10 |
| Building positive futures                     | 2—11 |
|   | 2—12 |
| The Social Development Strategy               | 2—13 |
| Building protection                           | 2—14 |
| Prevention-science research base              | 2—15 |
| The public health approach                    | 2—16 |
|   | 2—17 |
| Prevention-science research base              | 2—18 |
| Predictors: Risk factors                      | 2—19 |
| Risk factors                                  | 2—20 |
| Community risk factors                        | 2—21 |
| Family risk factors                           | 2—22 |
| School risk factors                           | 2—23 |
| Peer and individual risk factors              | 2—24 |
| Chart: Risk factors                           | 2—25 |
| Predictors: Protective factors                | 2—26 |
| Protective factors                            | 2—27 |
|   | 2—28 |
| Building protection                           | 2—29 |

| <b>Module 2 Table of Contents</b>             | Page |
|---|------|
| Risk, protection and marijuana use            | 2—30 |
| Risk, protection and taking a gun to school   | 2—31 |
| Risk, protection and academic success         | 2—32 |
| Research on risk and protective factors       | 2—33 |
|   | 2—34 |
| Prevention-science research base              | 2—35 |
| Tested, effective prevention strategies       | 2—36 |
| Effective prevention strategies               | 2—37 |
| Research guide                                | 2—38 |
| What works, 1-3                               | 2—39 |
| What works, 4-6                               | 2—40 |
| Different communities, different strategies   | 2—41 |
| Risk profile: Neighborhood #1                 | 2—42 |
| Family domain                                 | 2—43 |
| Prenatal and infancy programs                 | 2—44 |
| Family domain                                 | 2—45 |
| Parent training                               | 2—46 |
| Risk profile: Neighborhood #2                 | 2—47 |
| School domain                                 | 2—48 |
| Classroom strategies                          | 2—49 |
| Different communities, different strategies   | 2—50 |
| What works, 1-3                               | 2—51 |
| What works, 4-6                               | 2—52 |
| Risk profile: Neighborhood #3                 | 2—53 |
| Implementing the Communities That Care system | 2—54 |

### **Module 2 Table of Contents**

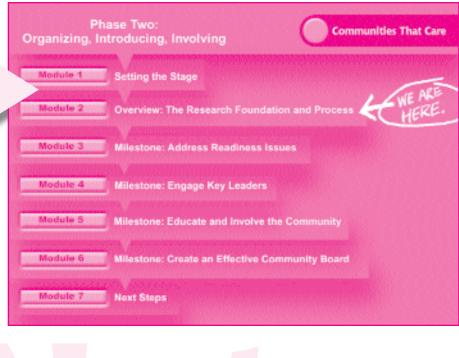
### Page

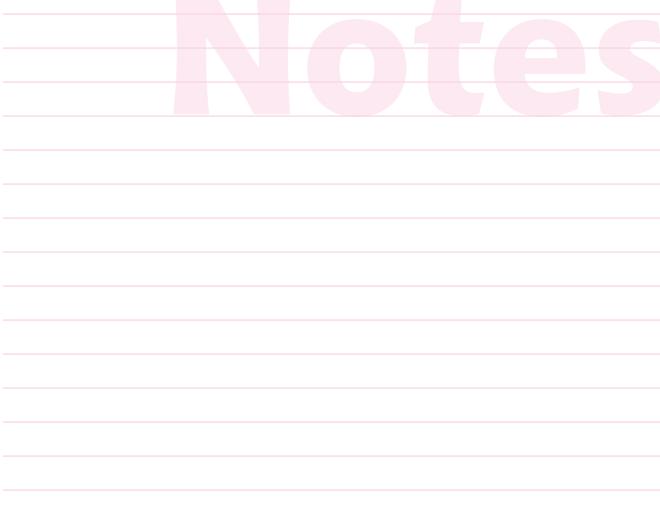
| Phase One                                     | 2—55 |
|---|------|
| Phase Two                                     | 2—56 |
| Phase Three                                   | 2—57 |
| Phase Four                                    | 2—58 |
| Phase Five                                    | 2—59 |
| Training events                               | 2—60 |
| Community Action Plan                         | 2—61 |
| Process and time line                         | 2—62 |
| Benefits                                      | 2—63 |
|   | 2—64 |
|   | 2—65 |
| Example results                               | 2—66 |
| First-year time line                          | 2—67 |
| Milestones and benchmarks                     | 2—68 |
| Activity: Milestones and Benchmarks           | 2—69 |
| The role of Key Leaders                       | 2—70 |
|   | 2—71 |
| The Community Board                           | 2—72 |
| Phase Two: Organizing, Introducing, Involving | 2—73 |

















#### **Objectives**



On completing this module, you will be able to:

- describe what the Communities That Care system is and how it helps communities
- 2. describe the research foundation of the Communities That Care system



 explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors



explain how the Communities
 That Care operating system works



describe the benefits of using the Communities That Care operating system.





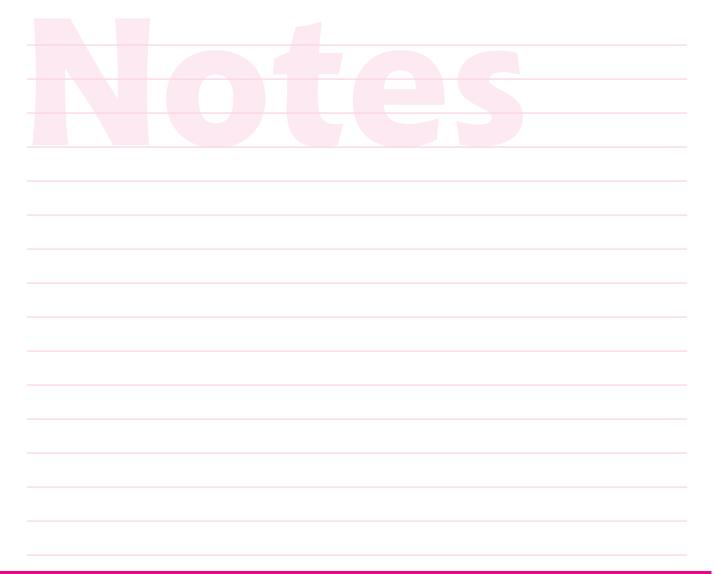


uses prevention-science research to promote positive youth development and prevent youth behavior problems

provides local control and flexibility to maintain support and sustainability

matches a local profile of risk, protection and problem behaviors to tested, effective programs, policies and practices

focuses on outcomes to ensure accountability for resources.





## The research foundation

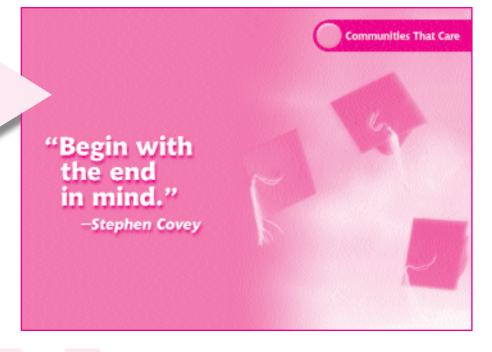


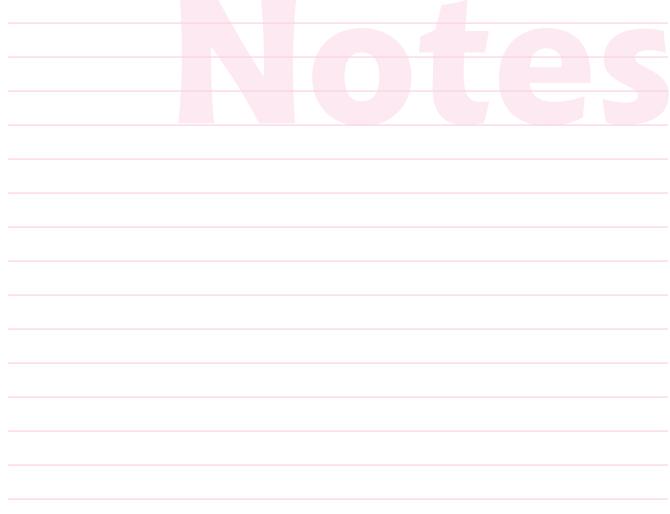
- · The Social Development Strategy
- The public health approach
- Research-based predictors of problem behaviors and positive youth outcomes risk and protective factors
- Tested, effective prevention strategies











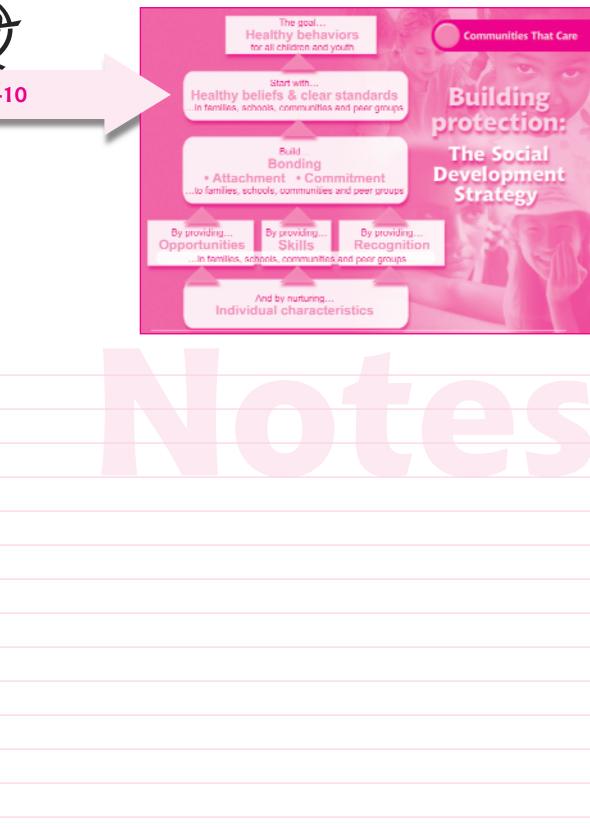


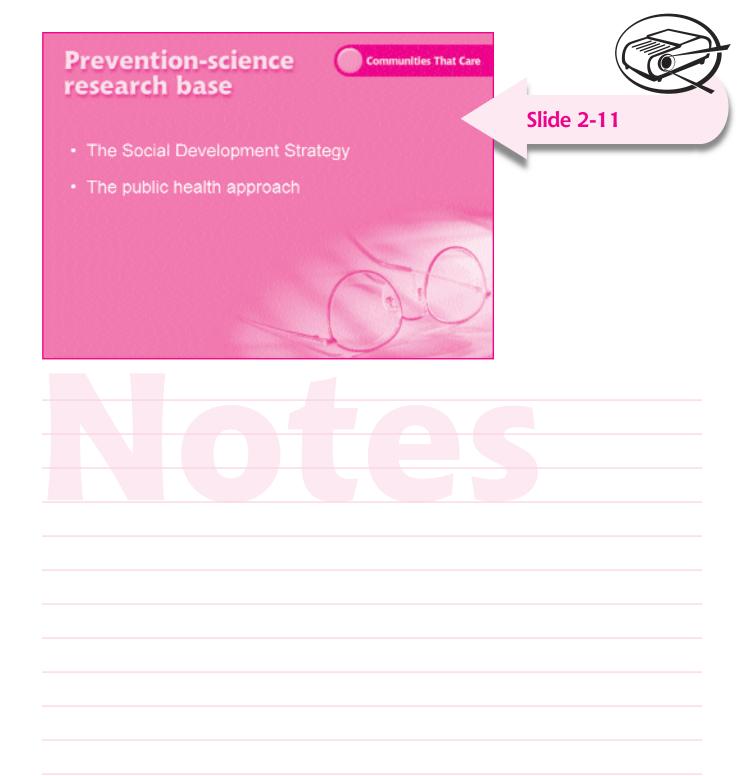
A research-based model that organizes known protective factors into a guiding framework for building positive futures for children



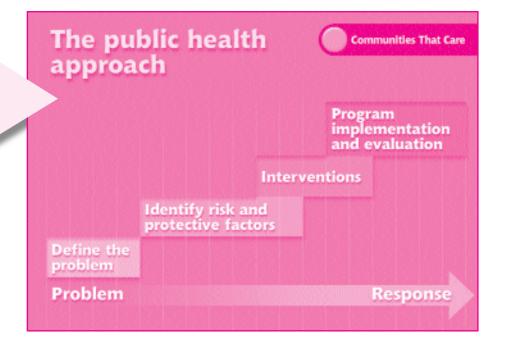


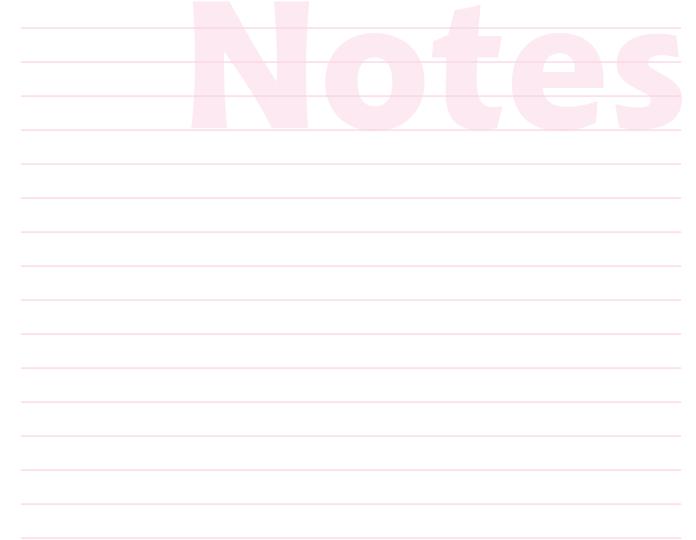










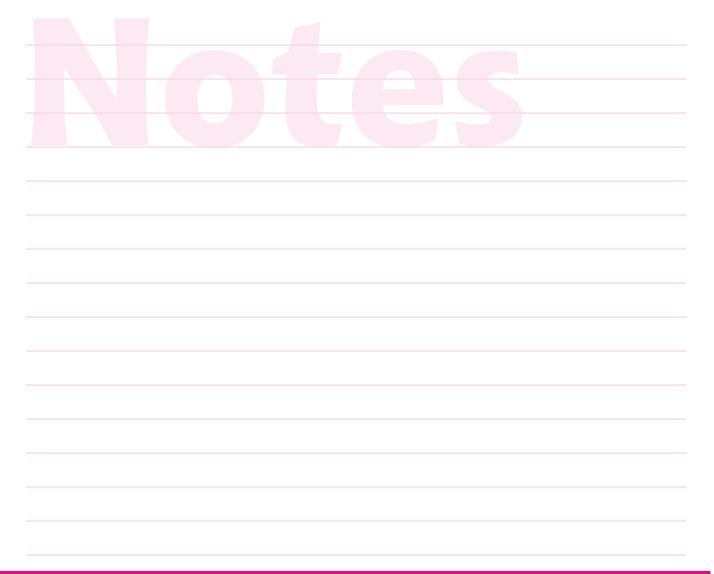


# The public health approach





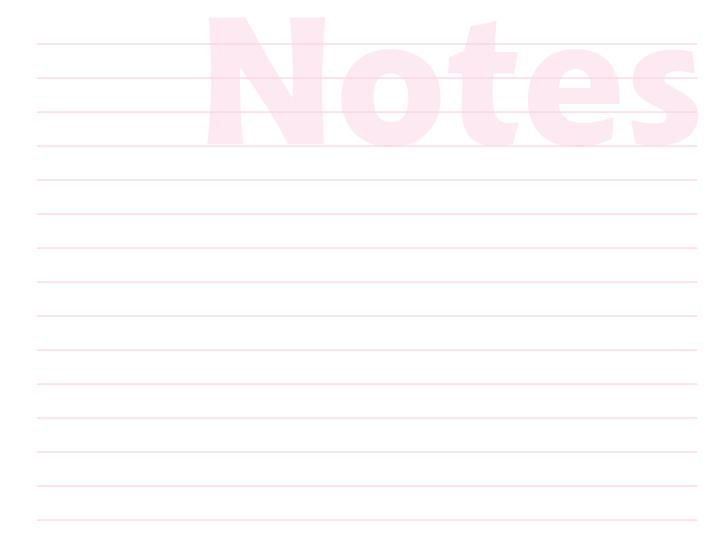
- Based on research on predictors of health problems
- Modifies predictors to prevent behavior problems
- · Can affect the entire social environment
- · Works through collaboration
- · Can create long-lasting results

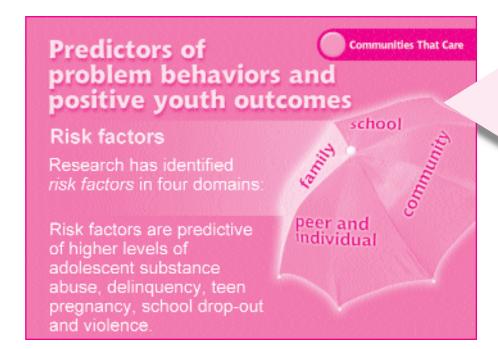




## Prevention-science research base

- Communities That Care
- The Social Development Strategy
- · The public health approach
- Research-based predictors of problem behaviors and positive youth outcomes risk and protective factors





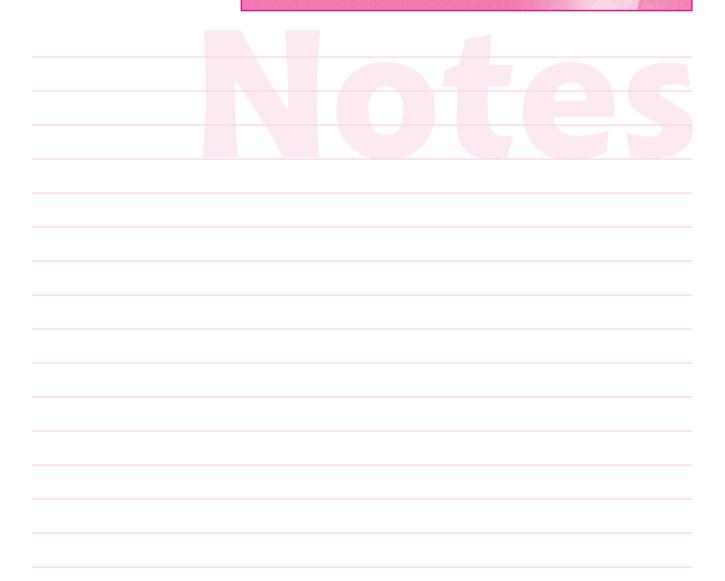




#### **Risk factors**



- · Research-based
- Predictive in multiple longitudinal studies
- · Present in all areas of influence
- · Predictive of multiple problem behaviors
- · Present throughout development
- Work similarly across racial lines
- Measurable
- · Buffered by protective factors







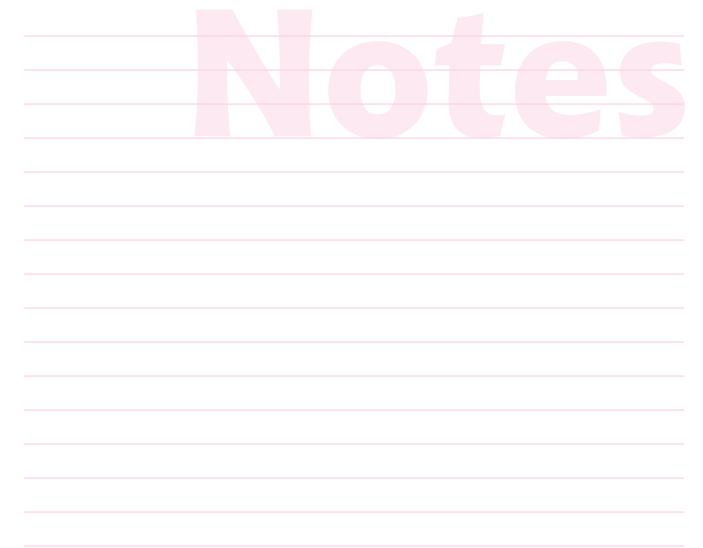


|            | Family<br>risk factors   | Communities That Care                                    |
|------------|--|--|
| Slide 2-18 | Adolescent<br>problem<br>behaviors                                   | ance Apprese<br>Delinatenci<br>Teen Pregnanci<br>Johnson |
|            | Family History of the Problem Behavior                               | 4 4 4 4  |
|            | Family Management Problems   | 1 1 1 1  |
|            | Family Conflict  | 1 1 1 1  |
|            | Favorable Parental Attitudes and Involvement in the Problem Behavior | 4 4  |
|            | <b>EEE kuuniamine mitaamaanaanaanaan</b> eesa uuruu oo saalaa saada  |  |
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| Peer and individual Communities That Car      |                                   |              |                     |                |                   |               |
|---|-----------------------------------|--------------|---------------------|----------------|-------------------|---------------|
|   | Adolescen<br>problem<br>behaviors | t<br>Guldata | nde Athur<br>Delina | reens<br>reens | regrand<br>School | Alog<br>Orosi |
| Early and persistent<br>antisocial behavior   |                                   | 4            | 4                   | 4              | 1                 | ~             |
| Rebelliousness                                |                                   | 1            | 1                   | ( ) i          | 1                 | 100           |
| Friends who engage<br>in the problem behavior |                                   | 4            | 4                   | 4              | 4                 | 4             |
| Gang involvement                              |                                   | 1            | 1                   |                |                   | ~             |
| Favorable attitudes town the problem behavior | ard                               | √            | 1                   | 4              | 1                 |               |
| Early initiation of<br>the problem behavior   |                                   | 1            | 1                   | 1              | 1                 | 4             |
| Constitutional factors                        |                                   | 1            | 1                   |                |                   | 4             |



#### Risk factors for adolescent problem behaviors

#### **Risk Factors**

#### **Adolescent Problem Behaviors**

| Subs   | Substance Abuse Pregnancy Violen |           |         |     |      |
|--|----------------------------------|-----------|---------|-----|------|
| Can  | ce deling                        | Preo      | O/Dro   | Vi  |      |
| Community  | Abuse                            | lench out | BUCK D. | 047 | ence |
| Availability of Drugs  |                                  |           |         |     |      |
| Availability of Firearms   |                                  | •         |         |     | •    |
| Community Laws and Norms Favorable toward Drug Use, Firearms and Crime | •                                | •         |         |     | •    |
| Media Portrayals of Violence   |                                  |           |         |     | •    |
| Transitions and Mobility   | •                                | •         |         | •   |      |
| Low Neighborhood Attachment and Community Disorganization              | •                                | •         |         |     | •    |
| Extreme Economic Deprivation   | •                                | •         | •       | •   | •    |
| Family   |                                  |           |         |     |      |
| Family History of the Problem Behavior                                 | •                                | •         | •       | •   | •    |
| Family Management Problems   | •                                | •         | •       | •   | •    |
| Family Conflict  | •                                | •         | •       | •   | •    |
| Favorable Parental Attitudes and Involvemen in the Problem Behavior    | ıt •                             | •         |         |     | •    |
| School   |                                  |           |         |     |      |
| Academic Failure Beginning in<br>Late Elementary School                | •                                | •         | •       | •   | •    |
| Lack of Commitment to School   | •                                | •         | •       | •   | •    |
| Peer and Individual  |                                  |           |         |     |      |
| Early and Persistent Antisocial Behavior                               | •                                | •         | •       | •   | •    |
| Rebelliousness   | •                                | •         |         | •   |      |
| Friends Who Engage in the Problem Behavio                              | r                                | •         | •       | •   | •    |
| Gang Involvement   | •                                | •         |         |     | •    |
| Favorable Attitudes toward the Problem Behavior                        | •                                | •         | •       | •   |      |
| Early Initiation of the Problem Behavior                               | •                                | •         | •       | •   | •    |
| Constitutional Factors   | •                                | •         |         |     | •    |



Predictors of problem behaviors and positive youth outcomes

Protective factors
Research has identified protective factors in four domains:

Protective factors buffer young people's exposure to risk.

#### **Protective factors**





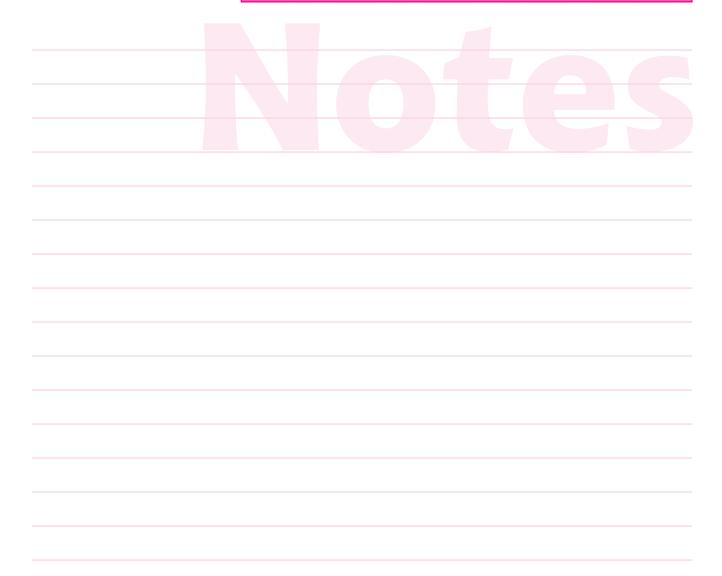
- · Research-based
- Present in all areas of influence
- Measurable
- Predictive of positive youth development
- · Present throughout development
- · Buffer effects of risk exposure



#### **Protective factors**

Communities That Care

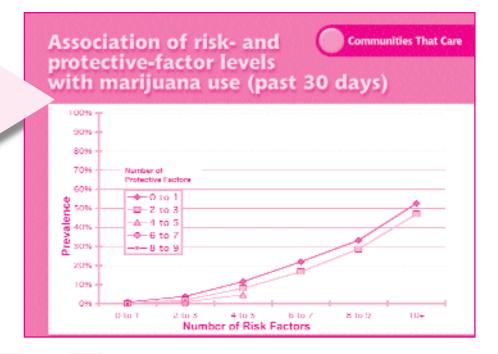
- · Individual factors
  - · High intelligence
  - · Resilient temperament
  - · Prosocial orientation
  - · Competencies and skills
- · Prosocial opportunities
- Reinforcement for prosocial involvement
- Bonding
- · Healthy beliefs and clear standards

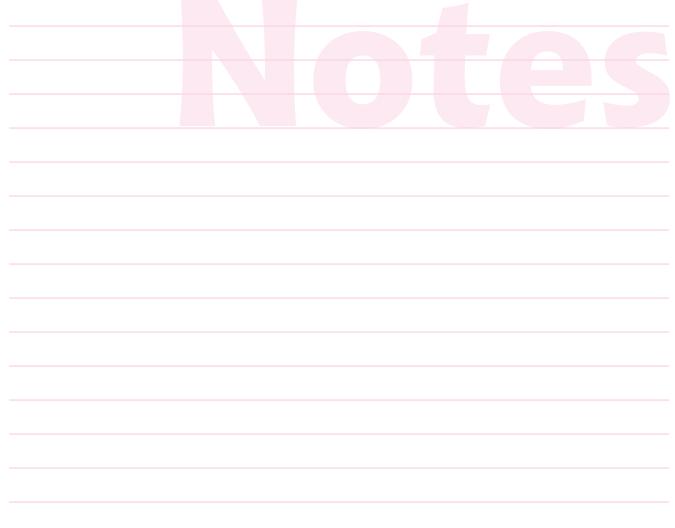


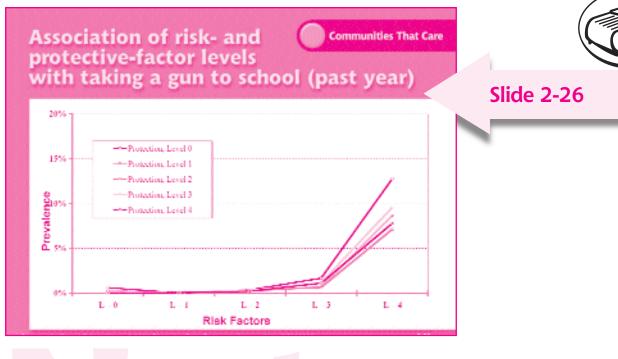






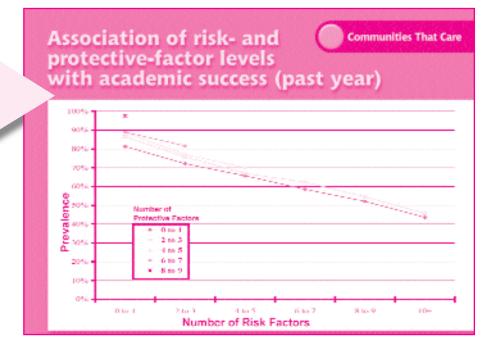


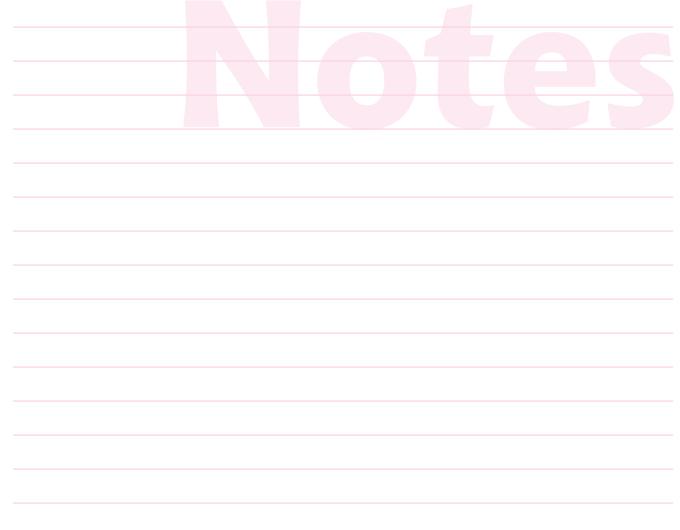












# What research has shown about risk and protective factors



- Risk and protective factors exist in all areas of children's lives.
- The more risk factors present, the greater the chances of problem behavior.
- Risk and protective factors can be present throughout development.
- · Risk factors are buffered by protective factors.



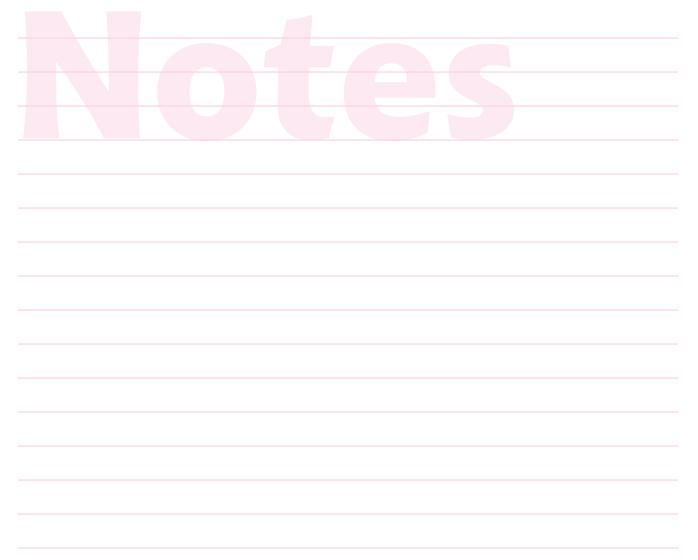


# What research communities That Care has shown about risk and protective factors

- Common risk and protective factors predict diverse behavior problems.
- Risk and protective factors work similarly across racial lines.
- Both risk and protective factors should be used in prevention efforts.







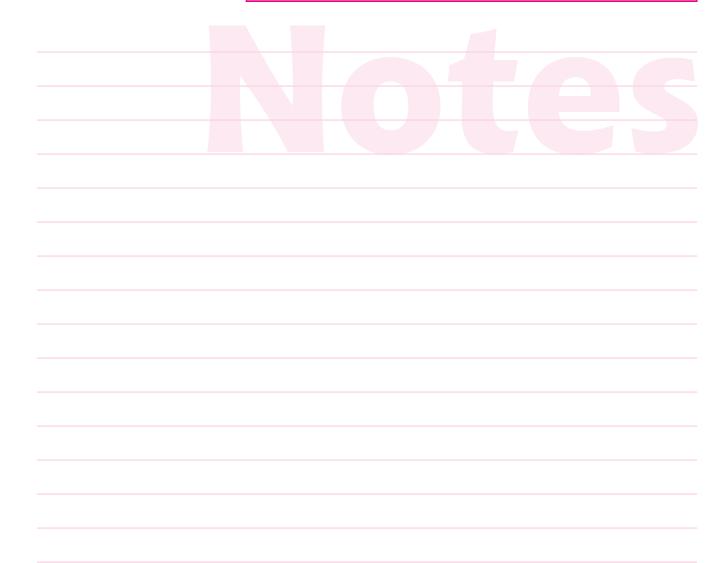


# Tested, effective prevention strategies

Communities That Care

Programs, policies or practices that have demonstrated

- Reducing specific risk factors and enhancing protective factors
- Enhancing positive behaviors and reducing negative behaviors

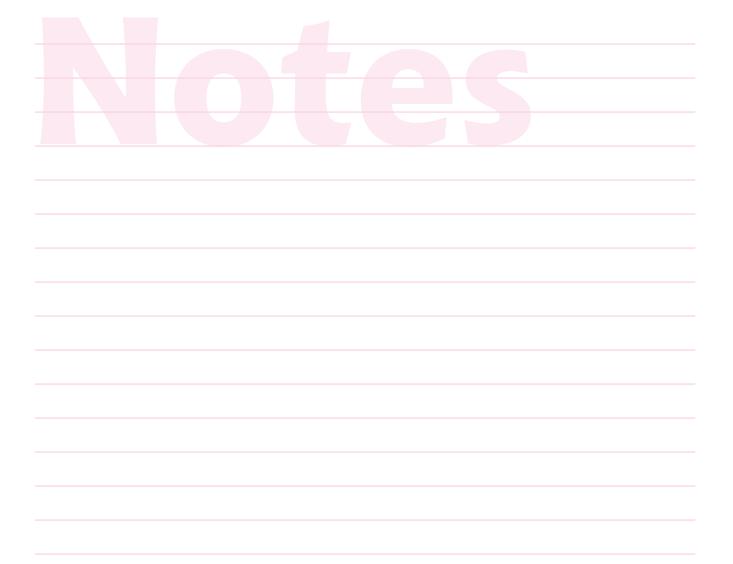


#### Effective prevention Communities That Care strategies





- · Adolescent Alcohol Prevention Trial
- Preparing for the Drug-Free Years<sup>®</sup> (Now called Families That Care: Guiding Good Choices™)
- Adolescents Training and Learning to Avoid Steroids: The ATLAS Program
- Project Family
- · Strengthening Families Program
- · Focus on Families
- · Adolescent Transitions Program

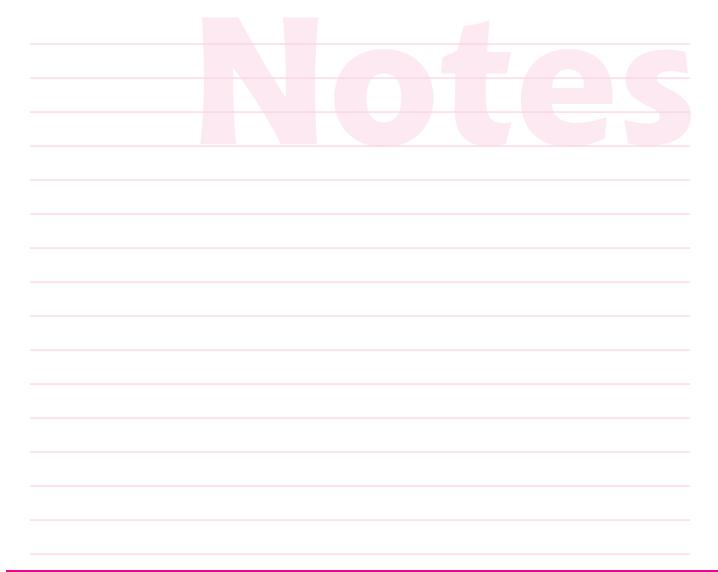




### Communities That Care

## Prevention **Strategies:**

A Research Guide to What Works



# What works? 1. Assessing community levels of risk and protection 2. Prioritizing elevated risks and depressed protective factors 3. Including individuals and groups exposed to the highest levels of risk and the lowest levels of protection

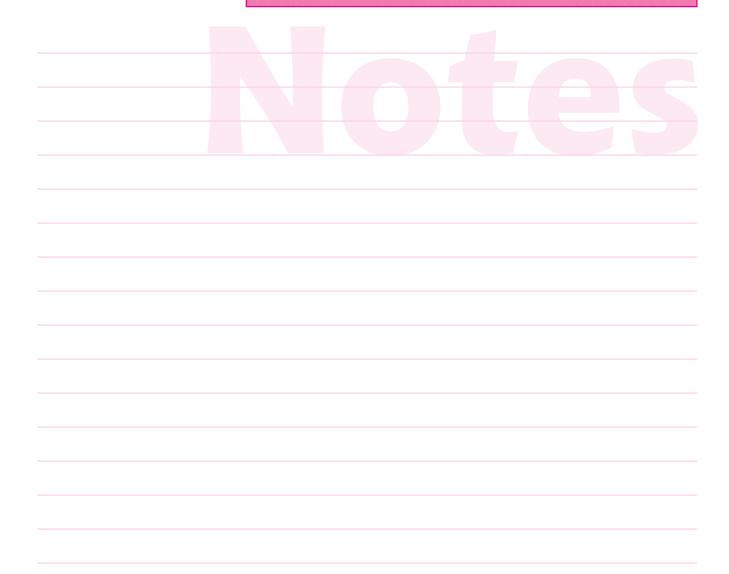


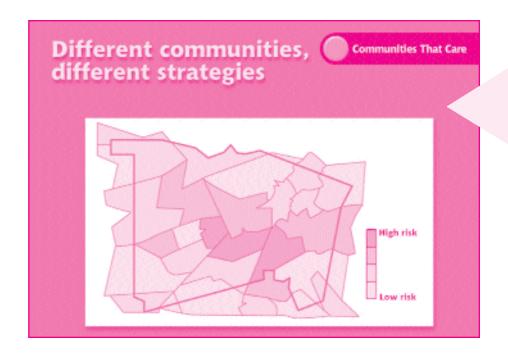


#### What works?

- Matching tested, effective programs to the community's risk and protection profile
- Selecting tested, effective programs that address the racial, economic and cultural characteristics of the community
- Implementing programs, policies and practices with fidelity at the appropriate ages

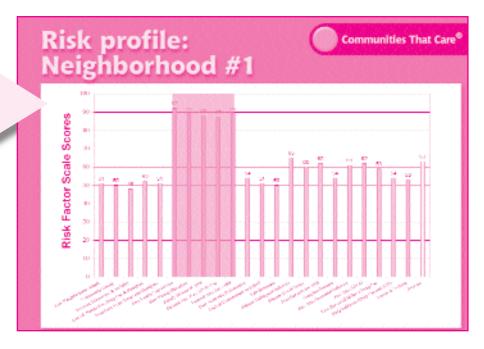


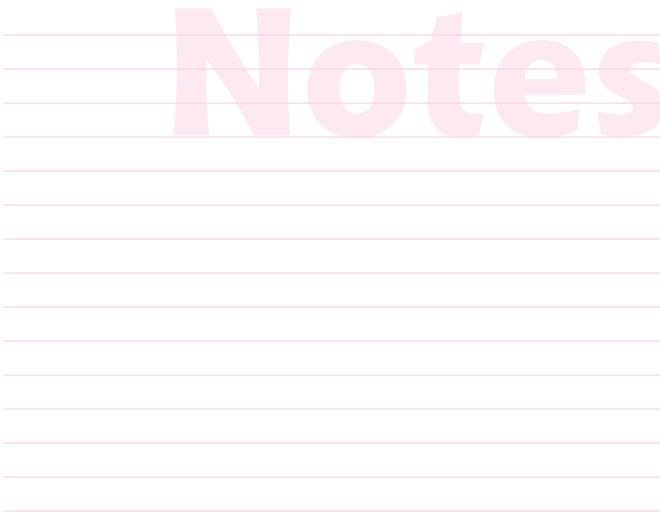


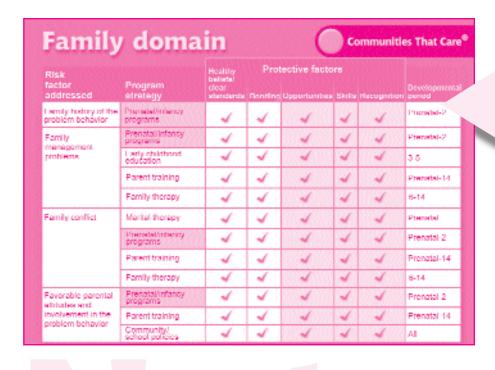
















## Tested, effective prevention strategies:

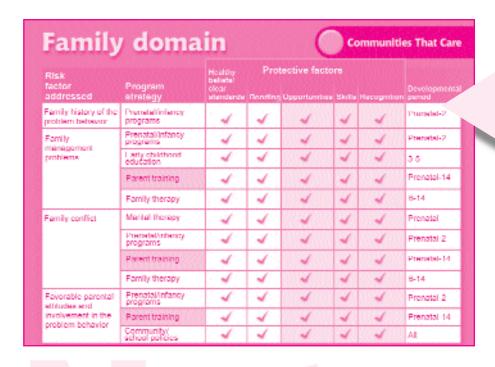
Prenatal and infancy programs

- Nurse-Family Partnership<sup>™</sup>
  (Olds et al., 1886; Olds & Kitzman, 1880; Olds et al., 1888)
- Syracuse Family Development Research Program (Lally, Manglone & Honig, 1988)
- Infant Health and
   Development Program
  (Ramay, 1000; Ramay et al., 1002; Liaw et al., 1005)
- Keys to CaregivinG videotape series

  (Remediat at 1988)



Communities That Care





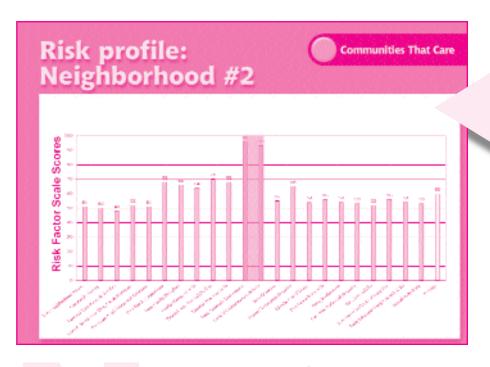


## Tested, effective (prevention strategies:

Communities That Care

Parent training

- Families That Care: Guiding Good Choices™ (Catalano et al., 1998)
- Preparing for School Success™ (Hawkins et al., 1999)
- Iowa Strengthening Families Program (Spoth et al., 1998, 1999, 2001)





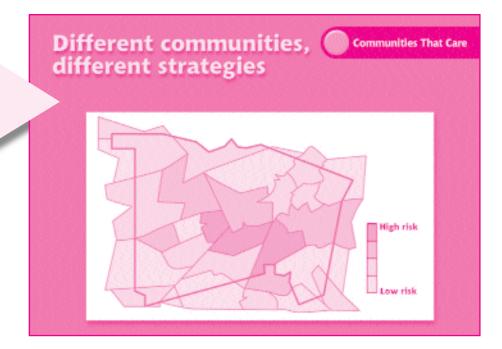


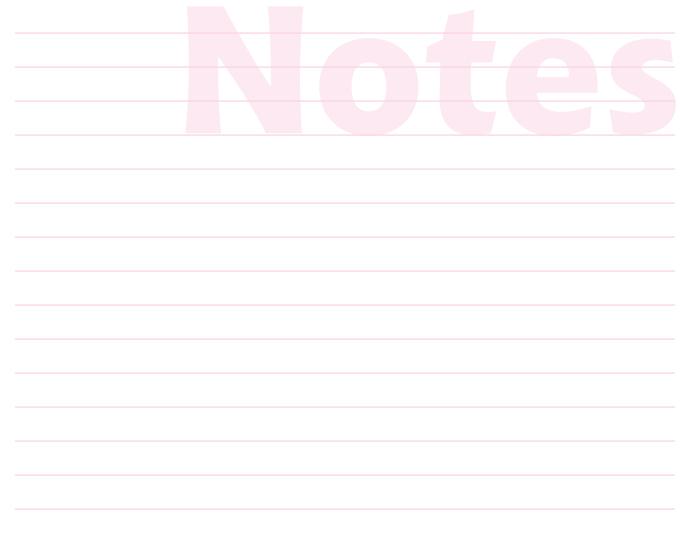
| Risk<br>factor | Program  | Healthy<br>beliefs/<br>clear |         | tective facto |       |             | Developmen  |
|----------------|--|------------------------------|---------|---------------|-------|-------------|-------------|
|                | Perentimiency<br>programs  | J                            | Bonding | Opportunition | SKILL | Recognition | Printelsi-2 |
|                | Early childhood<br>education   | 4                            | 4       | 4             | 4     | 4           | 3-5         |
|                | Parent training  | 4                            | 4       | 4             | 4     | 4           | Prenatal-10 |
|                | Organizational<br>change in schools                                      | 4                            | 4       | 4             | 4     | 4           | 6-18        |
|                | Classroom<br>urganization,<br>management and<br>instructional strategies | 4                            | 4       | 4             | 4     | 4           | 8-18        |
|                | Classroom<br>curricula for social<br>competence                          | 4                            | 4       | 4             | 4     | 4           | 6-14        |
|                | School behavior<br>management<br>shalugues                               | 4                            |         | 4             |       | 4           | 6.14        |
|                | Youth employment with education  | 1                            | 1       | 4             | 4     | 4           | 15-21       |











# 1. Assessing community levels of risk and protection 2. Prioritizing elevated risks and depressed protective factors 3. Including individuals and groups exposed to the highest levels of risk and the lowest levels of protection Communities That Care Communities That Care

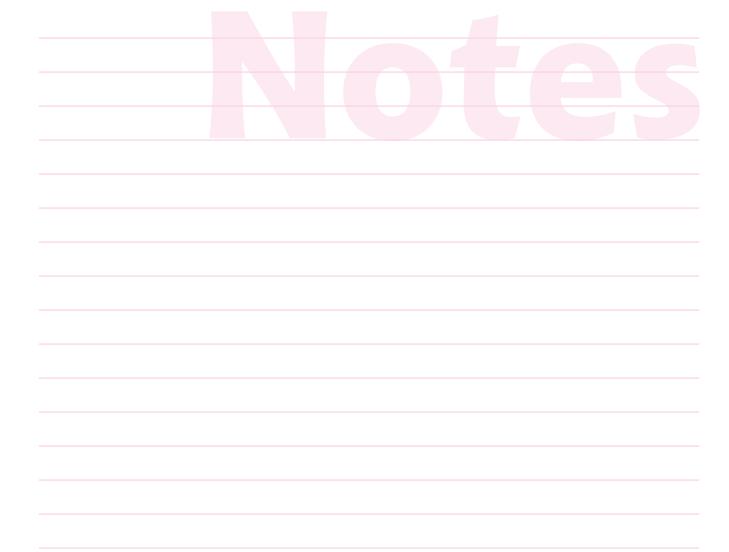


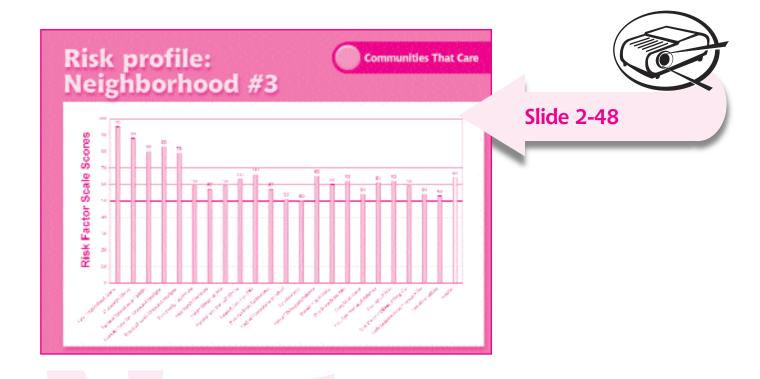


#### What works?

- Matching tested, effective programs to the community's risk and protection profile
- Selecting tested, effective programs that address the racial, economic and cultural characteristics of the community
- Implementing programs, policies and practices with fidelity at the appropriate ages

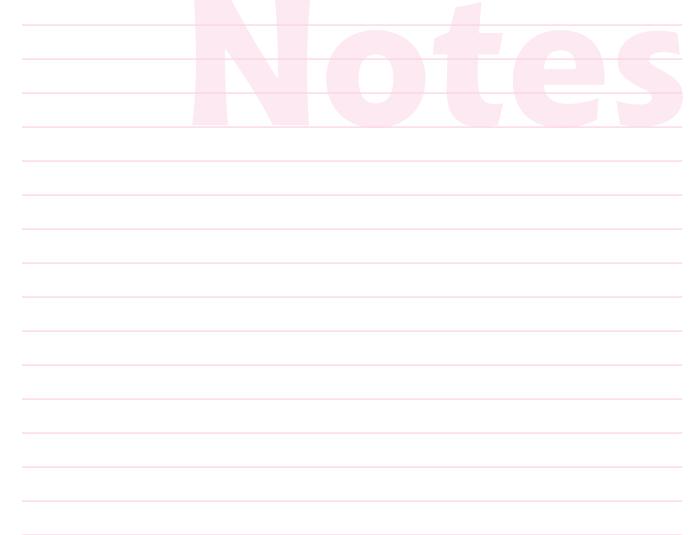




















## Phase Two: Organizing, Introducing, Involving

Purpose: Prepare Key Leaders, the Community Board and community members for involvement by:

- · developing an organizational structure
- creating a work plan
- securing resources to implement the Communities That Care system
- confirming milestones and benchmarks to create accountability.

Support: Key Leader Orientation; Community Board Orientation; Technical Assistance as needed









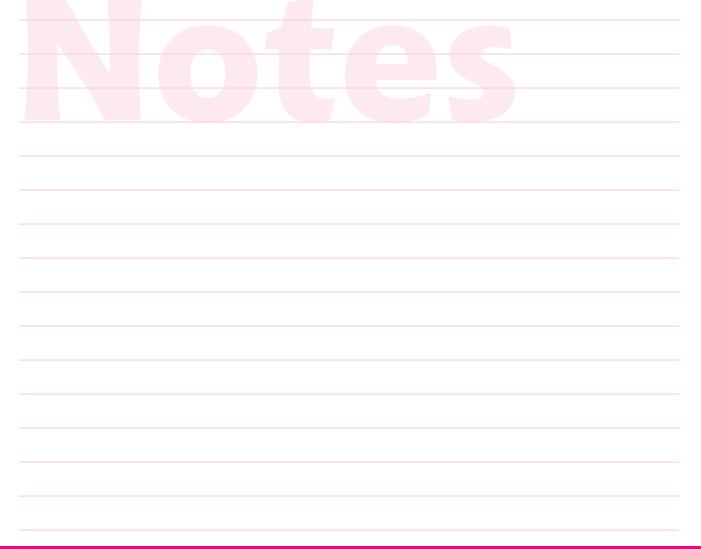
### Phase Three: Developing a Community Profile

Purpose: Identify gaps in current response to priorities.

- Assess risk factors, protective factors and problem behaviors (Communities That Care® Youth Survey).
- Prioritize risk and protective factors, and populations or geographic areas.
- · Complete resources assessment and gaps analysis.

Support: Community Assessment Training; Community Resources Assessment Training; Technical Assistance as needed









## Phase Four: Creating a Community Action Plan

Purpose: Create a plan for implementing and evaluating tested, effective programs, policies and practices.

- · Measurable outcomes
- Selection of programs, policies and practices to fill gaps
- · Implementation and evaluation plans

Support: Community Planning Training; Technical Assistance as needed







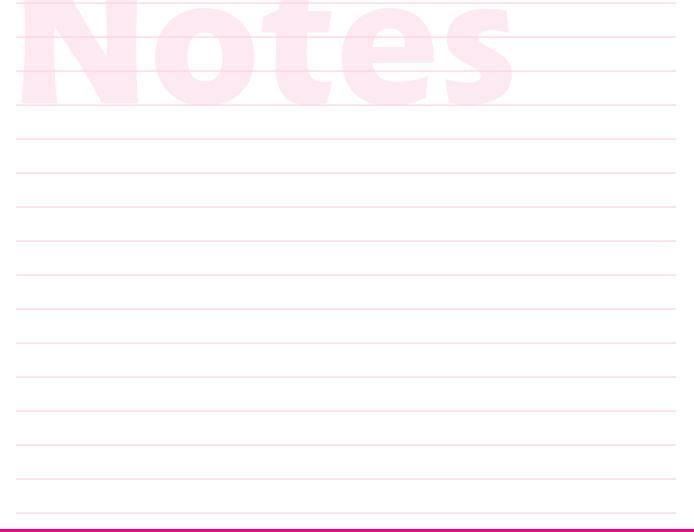
Phase Five: Implementing and Evaluating the Community Action Plan

**Slide 2-54** 

Purpose: Implement and evaluate the plan, and refine as needed.

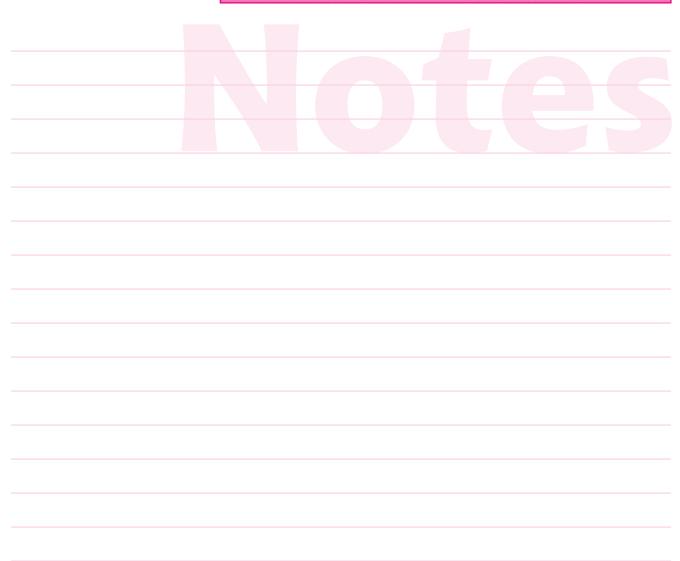
- Implement selected programs, policies and practices.
- · Evaluate the process and outcomes.
- · Adjust the plan.

Support: Community Plan Implementation Training; Technical Assistance as needed





## Phase One Phase Two • Key Leader Orientation • Community Board Orientation • Community Board Orientation • Community Assessment Training • Community Resources Assessment Training Phase Four • Community Planning Training • Community Planning Training • Community Planning Training



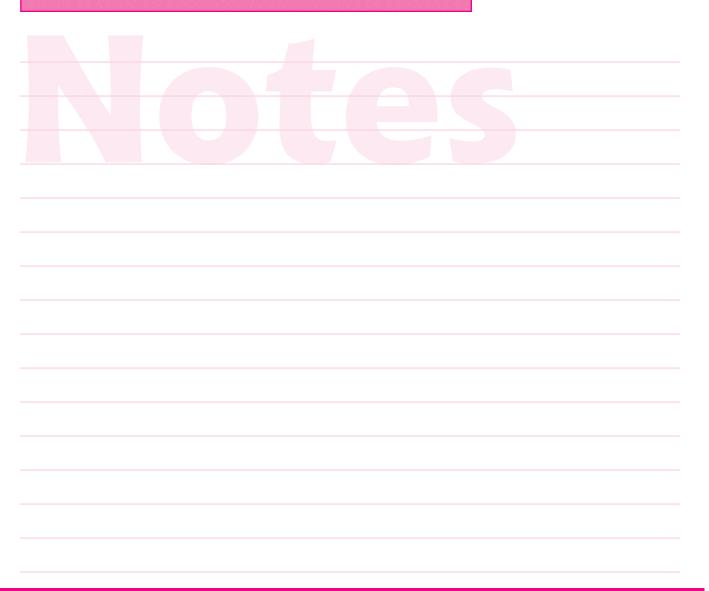


### **Community Action Plan**

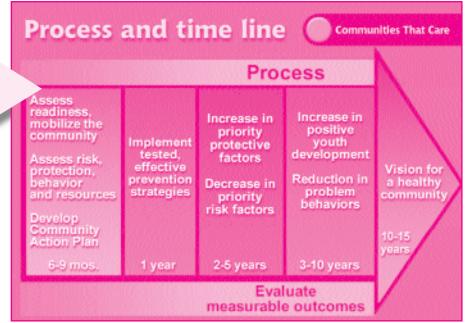
#### **Key elements**

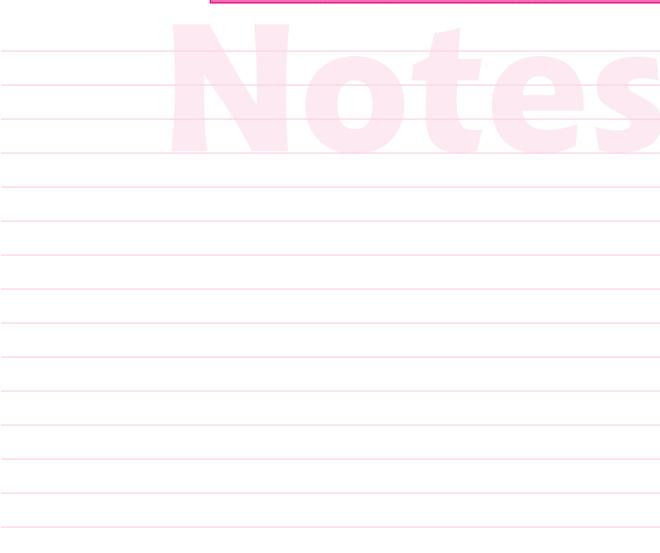
- Broad community involvement and ownership
- Data-driven assessment of risk, protection, behavior and resources
- · Mutually agreed-upon focus and priorities
- Research-based programs, policies and practices, building on existing resources
- · Outcome-based plan and evaluation strategy











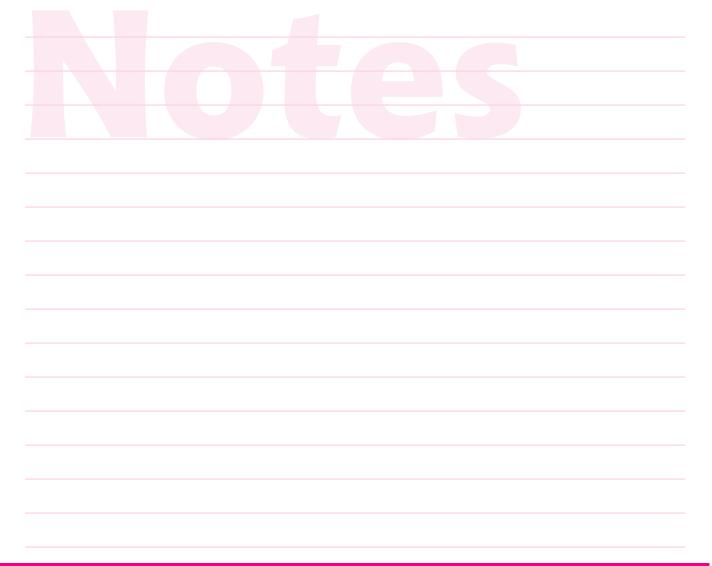
## Benefits of the Communities That Care system



**Slide 2-58** 

- · Shared vision and community norms
- Common language for prevention and youth development
- Coordinated data collection and analysis using a limited, manageable data set
- · Integrated planning processes

Office of Juvenile Judice and Deliropersty Prevention, 1956, 1956.



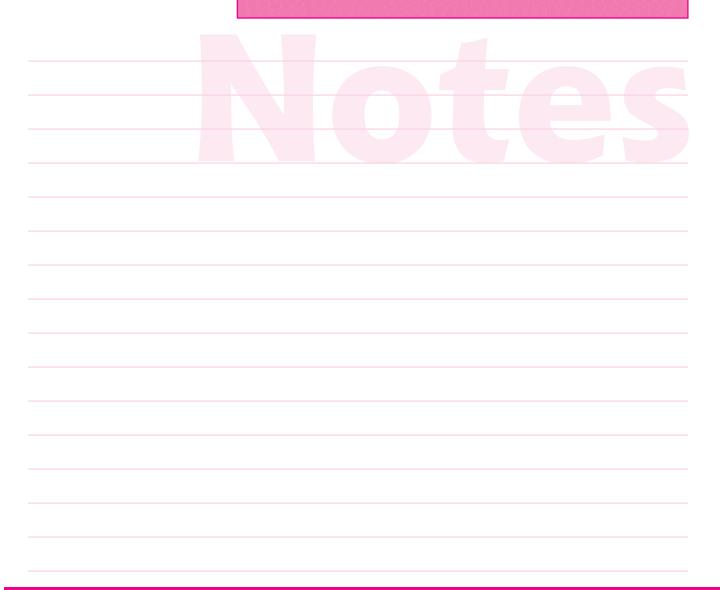


## Benefits of the Communities That Care system

#### Increased:

- funding
- collaboration among agencies
- accountability
- use of tested, effective programs
- long-range, strategic focus
- community involvement

Jerson et al., 1997, U.S. Ceneral Accounting Office, 1996, Office of Juvenile Justice and Delinquency Presention, 1998, 1997



## Benefits of the Communities That Care system

**Slide 2-60** 

#### Decreased:

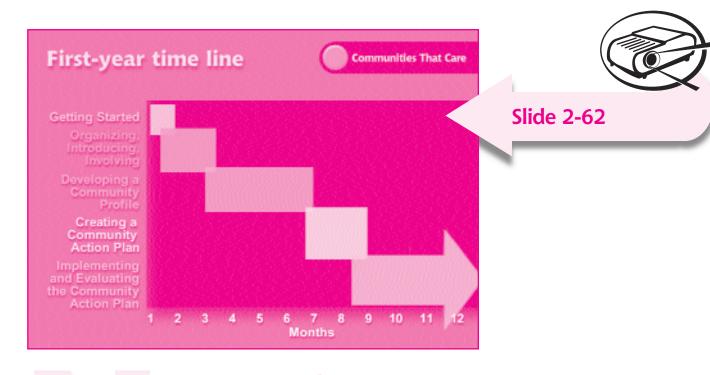
- · "turf" conflict
- duplication or fragmentation of resources
- · "problem du jour"
- use of untested or proven ineffective programs
- · community disorganization.

Jonson et al., 1997, U.S. Ceneral Accounting Office, 1996, Office of Juvenile Author and Delinquency Prevention, 1996, 1997











## Milestones and benchmarks

- Communities That Care
- · Established for each phase
- Indicate critical steps and procedures
- Document and celebrate accomplishments
- · Supported by training modules





#### Milestones and Benchmarks

Turn to Appendix 3 of your guide.

Take about 2 minutes to flip through all the milestones and benchmarks—there is a set of these for each phase. Then, go back to the milestones and benchmarks for Phase One.

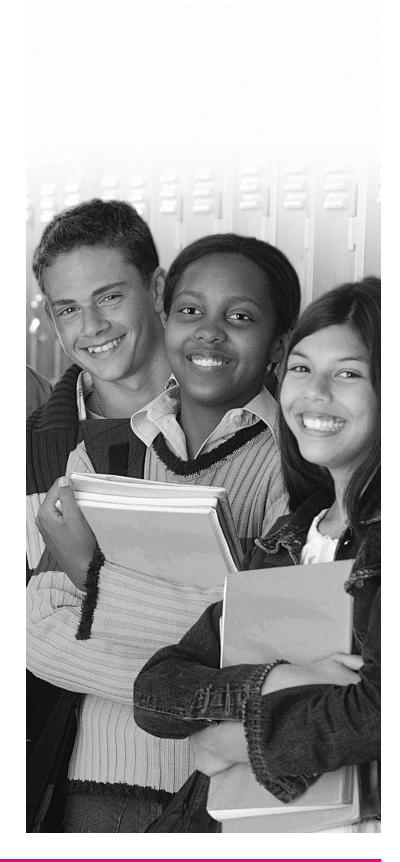
Once you have read through the Phase One milestones and benchmarks with the trainer, take about 5 minutes to review them again. Identify:

- 3 benchmarks you know the outcome of (e.g., who the Champion is, definition of the community to be organized, whether there is school district support for the Communities That Care Youth Survey).
- 3 benchmarks that have not been achieved or whose outcome you are unsure of.

Take about 10 minutes to discuss your answers and any questions you have. Record the questions to use in later readiness discussions.

Take about 10 minutes to review the Phase Two milestones and benchmarks with the group, noting which have been completed and the status of any that are not yet complete (and when they will be addressed—for example, establishing the Community Board organizational structure in Module 6).

Take about 5 minutes to review the other three phases on your own. More details will be provided about these to the relevant people (e.g., the Resources Assessment and Evaluation work group) during the trainings or other support provided for that phase.





## The role of Communities That Care Key Leaders in initiating the Communities That Care system

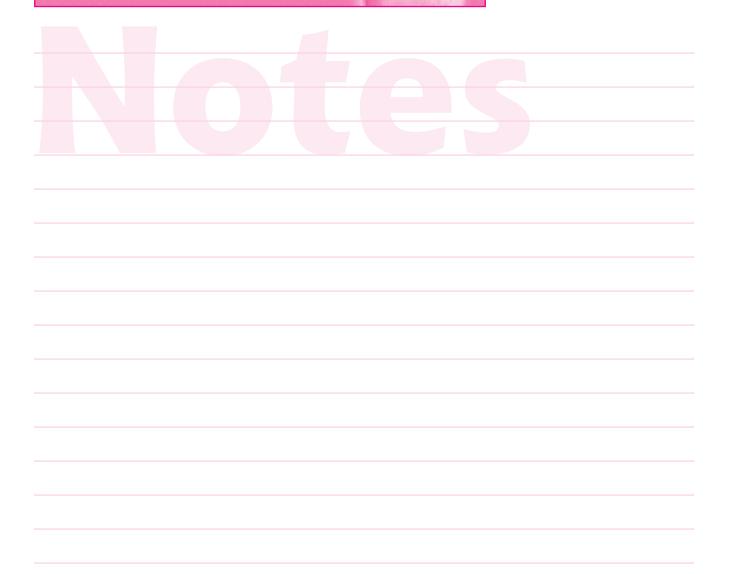
- · Commit to the process
- · Engage other Key Leaders
- · Establish the Community Board
- Oversee implementation of the Communities That Care system
- Educate the community about the Communities That Care system







- · Hold the Community Board accountable
- Provide access to community resources and information
- Support implementation of the Community Action Plan





#### The Community Board Communities That Care

- Represents the community's diversity
- all stakeholder groups
- · Requires a three- to five-year commitment
- · Requires a broad range of skills



